

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 19 1963

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1497-63-009193
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>2639 GRAYOIS</u>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>FRANK</u> Last <u>PETKO</u>		4. DATE OF DEATH <u>FEB 10 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 6 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROFFER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>FRANK PETKO</u>		11b. MOTHER'S MAIDEN NAME <u>KATHERINE SIMMONS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>MARY PETKO</u>		18. ADDRESS <u>2939 GRAYOIS</u>	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>420.1</u> DUE TO (b) DUE TO (c)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:20</u> a.m. <u>PM</u> Month, Day, Year <u>FEB 9 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS CO.</u> COUNTY <u>MO.</u> STATE	
21. I attended the deceased from <u>Jan 10 1958</u> to <u>Feb 2-63</u> and last saw him alive on <u>Feb 2-1963</u> Death occurred at <u>5:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John B. Canessa M.D.</u> (Degree or title)		22b. ADDRESS <u>1830 So. Broadway</u>	
22c. DATE SIGNED <u>2/11/63</u>		23. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CHURCHYARD</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2/13/63</u>	
23c. LOCATION (City, town, or county) <u>ST. LOUIS CO.</u>		23d. STATE <u>MO.</u>	
24. FUNERAL DIRECTOR <u>Thomas Kuttis</u> ADDRESS <u>2906 Graven</u>		25. DATE REC'D. BY LOCAL REG. <u>FEB 11 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Lead Smith M.D.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

STATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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Mr. Canessa
A. Prater

1830 S. Broadway
MAY-9445

7:00 A.M. today
130

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleanora Horvace

Licensed Embalmer No. 3403

P. O. Address 2906 Garros

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.